

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

POLICY NUMBER

FL _____

IMPORTANT— PLEASE PRINT OR TYPE

COPY

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F-051 (1/04)

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

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FL _____

IMPORTANT— PLEASE PRINT OR TYPE

INSURED COPY

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

FLOOD INSURANCE GENERAL CHANGE ENDORSEMENT

O.M.B. No. 1660-0006 Expires July 31, 2006

POLICY NUMBER

FL _____

IMPORTANT— PLEASE PRINT OR TYPE

POLICY TERM

AGENT INFORMATION

DISAS. ASSIST.

FIRST MORTGAGE

PROPERTY LOCATION

COMMUNITY

BUILDING

CONTENTS

CONSTRUCTION DATA

COVERAGE AND RATING

SIGNATURE

REASON FOR CHANGE:
(ATTACH MEMO IF ADDITIONAL SPACE IS NEEDED).

CHANGE DIRECT BILL INSTRUCTIONS TO:

- ☐ BILL INSURED ☐ BILL FIRST MORTGAGEE
☐ BILL SECOND MORTGAGEE
☐ BILL LOSS PAYEE ☐ BILL OTHER

POLICY PERIOD IS FROM _____ TO _____

12:01 A.M. LOCAL TIME AT THE INSURED PROPERTY LOCATION

WAITING PERIOD: ☐ STANDARD 30-DAY

☐ LOAN— NO WAITING ☐ MAP REV. (ZONE CHANGE FROM NON-SHFA TO SHFA)— ONE DAY

ENDORSEMENT EFFEC. DATE _____ FOR ADDED COVERAGE, INCLUDE THE WAITING PERIOD FROM THE ENDORSEMENT APPLICATION DATE

ADDRESS OF LICENSED PROPERTY OR CASUALTY
INSURANCE AGENT OR BROKER:

ADDRESS CHANGED? ☒ YES ☐ NO
AGENCY NO.: _____

NAME, MAILING ADDRESS, AND TELEPHONE NO. OF INSURED:

PHONE NO.: _____ FAX NO.: _____

INSURED'S SOCIAL SECURITY NUMBER: _____

IS INSURANCE REQUIRED FOR DISASTER ASSISTANCE ☒ YES ☐ NO

IF YES, CHECK THE GOVERNMENT AGENCY: ☐ SBA ☐ FEMA ☐ FMHA

ENTER CASE FILE NUMBER OR INSURED'S SOCIAL SECURITY NUMBER _____

☐ OTHER _____

(PLEASE SPECIFY)

NAME AND ADDRESS OF FIRST MORTGAGEE

LOAN NO.: _____

PHONE NO.: _____ FAX NO.: _____

IS INSURED PROPERTY LOCATION SAME AS INSURED MAILING ADDRESS? ☒ YES ☐ NO
IF NO, ENTER PROPERTY ADDRESS, IF RURAL, DESCRIBE PROPERTY LOCATION (DO NOT USE P.O. BOX)

THE LOCATION OF INSURED PROPERTY
CANNOT BE CHANGED BY ENDORSEMENT—
A NEW APPLICATION IS **REQUIRED**

IF SECOND MORTGAGEE, LOSS PAYEE OR OTHER IS TO BE BILLED, THE FOLLOWING MUST BE COMPLETED, INCLUDING THE NAME AND ADDRESS

- ☐ 2ND MORTGAGEE ☐ DISASTER AGENCY
☐ LOSS PAYEE ☐ IF OTHER PLEASE SPECIFY:

LOAN NO.: _____

PHONE NO.: _____

FAX NO.: _____

NAME OF COUNTY/PARISH? _____ LOCATED IN AN UNINCORPORATED AREA OF THE COUNTY? ☒ YES ☐ NO

COMMUNITY NO./PANEL NO. AND SUFFIX FOR LOCATION OF PROPERTY INSURED _____

COMMUNITY PROGRAM TYPE IS: ☒ REGULAR ☐ EMERGENCY

IS BUILDING IN SPECIAL FLOOD HAZARD AREA? ☒ YES ☐ NO FLOOD INSURANCE RATE MAP ZONE _____

BUILDING OCCUPANCY

- ☐ SINGLE FAMILY
☐ 2-4 FAMILY
☐ OTHER RESIDENTIAL
☐ NON-RESIDENTIAL
(INCLUDING HOTEL/MOTEL)

BASEMENT OR ENCLOSED AREA
BELOW AN ELEVATED BUILDING:

- ☐ NONE
☐ FINISHED
☐ UNFINISHED

DOES INSURED QUALIFY AS A SMALL
BUSINESS RISK?

☒ YES ☐ NO

NUMBER OF FLOORS IN ENTIRE
BUILDING (INCLUDE
BASEMENT/ENCLOSED AREA, IF ANY)
OR BUILDING TYPE

- ☐ 1 ☐ 2
☐ 3 OR MORE ☐ SPLIT LEVEL
☐ TOWNHOUSE/ROWHOUSE
(RCBAP LOWRISE ONLY)
☐ MANUFACTURED (MOBILE)
HOME/TRAVEL TRAILER ON
FOUNDATION

IF NOT A SINGLE FAMILY DWELLING,
THE NUMBER OF OCCUPANCIES
(UNITS) IS _____

CONDO COVERAGE IS FOR:

- ☐ UNIT ☐ ENTIRE BUILDING

RESIDENTIAL CONDOMINIUM
BUILDING ASSOCIATION POLICY
ONLY. TOTAL NUMBER OF UNITS
_____ (INCLUDE NON-RES.)

- ☐ HIGH-RISE ☐ LOW-RISE

ESTIMATED REPLACEMENT COST
AMOUNT \$ _____

IS BUILDING INSURED'S PRINCIPAL
RESIDENCE? ☒ YES ☐ NO

IS THIS BUILDING IN THE COURSE OF
CONSTRUCTION? ☒ YES ☐ NO

DEDUCTIBLE

- ☐ BUILDING \$ _____
☐ CONTENTS \$ _____

DEDUCTIBLE BUYBACK?

☒ YES ☐ NO

IS BUILDING ELEVATED?

☒ YES ☐ NO

IF BUILDING IS ELEVATED, COM-
PLETE PART 2 OF THE FLOOD
INSURANCE APPLICATION.

IF YES, AREA BELOW IS:

- ☐ FREE OF OBSTRUCTION
☐ WITH OBSTRUCTION

DESCRIBE BUILDING AND USE
IF NOT A 1-4 FAMILY DWELLING.
FOR MANUFACTURED (MOBILE)
HOMES/TRAVEL TRAILERS,
COMPLETE PART 2, SECTION III.

IS INSURED PROPERTY OWNED BY
STATE GOVERNMENT? ☒ YES ☐ NO

CONTENTS LOCATED IN: ☐ BASEMENT/ENCLOSURE ☐ BASEMENT/ENCLOSURE AND ABOVE ☐ LOWEST FLOOR ONLY ABOVE GROUND LEVEL

☐ LOWEST FLOOR ABOVE GROUND LEVEL AND HIGHER

☐ ABOVE GROUND LEVEL MORE THAN ONE FULL FLOOR (IF SINGLE FAMILY, CONTENTS ARE RATED THROUGHOUT THE BUILDING)

IS PERSONAL PROPERTY HOUSEHOLD CONTENTS? ☒ YES ☐ NO IF NO, PLEASE DESCRIBE: _____

ALL BUILDINGS: CHECK ONE OF THE FIVE BLOCKS: ☐ BUILDING PERMIT DATE OR ☐ DATE OF CONSTRUCTION ____/____/____ (MM/DD/YY)

☐ SUBSTANTIAL IMPROVEMENT DATE ____/____/____ (MM/DD/YY)

☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED IN A MOBILE HOME PARK OR SUBDIVISION:

CONSTRUCTION DATE OF MOBILE HOME PARK OR SUBDIVISION FACILITIES ____/____/____ (MM/DD/YY)

☐ MANUFACTURED (MOBILE) HOMES/TRAVEL TRAILERS LOCATED OUTSIDE A MOBILE HOME PARK OR SUBDIVISION: DATE OF PERMANENT PLACEMENT ____/____/____ (MM/DD/YY)

IS BUILDING POST-FIRM CONSTRUCTION ☒ YES ☐ NO

BUILDING DIAGRAM NUMBER _____ LOWEST ADJACENT GRADE (LAG) _____

IF POST-FIRM CONSTRUCTION IN ZONES A, A1-A30, AE, AO, AH, V, V1-V30, VE, OR IF PRE-FIRM CONSTRUCTION IS ELEVATION RATED, ATTACH CERTIFICATION.

LOWEST FLOOR ELEVATION _____ (-) BASE FLOOD ELEVATION _____ (=) DIFFERENCE TO NEAREST FOOT _____ (+ OR -) IN ZONES V AND V1-V30 ONLY

DOES BASE FLOOD ELEVATION INCLUDE EFFECTS OF WAVE ACTION? ☒ YES ☐ NO IS BUILDING FLOOD-PROOFED? ☒ YES ☐ NO

(SEE FLOOD INSURANCE MANUAL FOR CERTIFICATION FORM.)

ELEVATION CERTIFICATION DATE _____

TO INCREASE/DECREASE COVERAGE, COMPLETE SECTIONS A & B.

FOR RATE CHANGE, COMPLETE SECTION A ONLY.

INSURANCE COVERAGE			SECTION A CURRENT COVERAGE			SECTION B — DECREASED COVERAGE ONLY			NEW PREMIUM TOTALS
			AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	
BUILDING BASIC									
BUILDING ADDITIONAL									
CONTENTS BASIC									
CONTENTS ADDITIONAL									
IF CHANGING AMOUNT OF INSURANCE, ENTER NEW TOTAL AMOUNT BELOW						PAYMENT OPTION: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> OTHER: _____	SUBTOTAL		
BUILDING COVERAGE							DEDUCT. DISCOUNT/SURCHARGE		
							SUBTOTAL		
CONTENTS COVERAGE							ICC PREMIUM		
							SUBTOTAL		
BASIC							CRS PREMIUM DISCOUNT _____ %		
ADDITIONAL			TOTAL			SUBTOTAL			
IF RETURN PREMIUM, MAIL REFUND TO: <input type="checkbox"/> INSURED <input type="checkbox"/> AGENT <input type="checkbox"/> PAYOR. THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.						PREMIUM PREVIOUSLY PAID			
						(Excludes Probation Surcharge/Expense Constant/ Federal Policy Fee)			
						DIFFERENCE _____ (+/-)			
						PRO RATA FACTOR			
						TOTAL _____ (+/-)			
SIGNATURE OF INSURED AND DATE			SIGNATURE OF INSURANCE AGENT/BROKER			DATE (MM/DD/YY)			

IF RETURN PREMIUM, MAIL REFUND TO: ☐ INSURED ☐ AGENT ☐ PAYOR. THE ABOVE STATEMENTS ARE CORRECT TO THE
BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT
UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF INSURED AND DATE

SIGNATURE OF INSURANCE AGENT/BROKER

DATE (MM/DD/YY)

**FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT
FEMA FORM 81-18**

NONDISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age or national origin.

PRIVACY ACT

The information requested is necessary to process your Flood Insurance Application for a flood insurance policy. The authority to collect the information is Title 42, U.S. Code, Sections 4001 to 4028. Disclosures of this information may be made: to federal, state, tribal, and local government agencies, fiscal agents, your agent, mortgage servicing companies, insurance or other companies, lending institutions, and contractors working for us, for the purpose of carrying out the National Flood Insurance Program; to current Repetitive Loss Target Group (RLTG) property owners and Preferred Risk Policy (PRP) owners for the purpose of property loss history evaluation; to the American Red Cross for verification of nonduplication of benefits following a flooding event or disaster; to law enforcement agencies or professional organizations when there may be a violation or potential violation of law; to a federal, state or local agency when we request information relevant to an agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of an individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB Circular A-19; and to the National Archives and Records Administration in records management inspections. Solicitation of your Social Security Number (SSN) is authorized under Executive Order 9397. Providing the SSN, as well as the other information, is voluntary, but failure to do so may delay or prevent issuance of the flood insurance policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(B)

Solicitation of the Social Security Number (SSN) is authorized under provisions of Executive Order 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide for your precise identification.

GENERAL

This information is provided pursuant to Public Law 96-511 (Paperwork Reduction Act of 1980, as amended), dated December 11, 1980, to allow the public to participate more fully and meaningfully in the Federal paperwork review process.

AUTHORITY

Public Law 96-511, amended, 44 U.S.C. 3507; and 5 CFR 1320.

PAPERWORK BURDEN DISCLOSURE NOTICE

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